

Appendix 5

Real-Time Claim Response Examples

The examples in this appendix indicate how certain Wisconsin SeniorCare claims would appear in a real-time Point-of-Sale claim response. In all of these examples, the following are constants:

- The usual and customary charge for each prescription drug is \$125. (The compound drug example includes ingredients totalling \$125.)
- The SeniorCare rate for each prescription drug is \$87.
- A brand-name drug is dispensed.
- For the example with compound drugs, the level of service/dispensing fee is \$9.
- The compound copayment is always \$5.
- The amounts indicated in fields 513 and 517 are a total of spenddown plus deductible, not just deductible.

Example 1: Single Prescription, Non-Compound Claim with Spenddown							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$125	\$575	\$125	\$0	\$75	\$500

*This amount represents the participant's out-of-pocket liability for spenddown.

Example 2: Single Prescription, Non-Compound Claim with Deductible							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$87	\$413	\$87	\$0	\$0	\$413

*This amount represents the participant's out-of-pocket liability for deductible.

Example 3: Single Prescription, Non-Compound Claim with Copayment							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$72	\$15	\$0	\$0	\$15	\$0	\$0

*This amount represents the participant's out-of-pocket liability for copayment.

Example 4: Multiple Prescriptions, Non-Compound Claim with Spenddown and Deductible

	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$125	\$575	\$125	\$0	\$75	\$500
Prescription 2	\$0	\$125	\$450	\$125	\$0	\$0	\$450
Prescription 3	\$0	\$87	\$363	\$87	\$0	\$0	\$363

*This amount represents the participant's out-of-pocket liability for spenddown and deductible.

Example 5: Multiple Prescriptions, Non-Compound Claim with Deductible

	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$87	\$13	\$87	\$0	\$0	\$13
Prescription 2	\$74	\$13	\$0	\$13	\$0	\$0	\$0
Prescription 3	\$72	\$15	\$0	\$0	\$15	\$0	\$0

*This amount represents the participant's out-of-pocket liability for deductible and copayment.

Example 6: Compound Drug Claim with Copayment

	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Level of service/ dispensing fee	\$4	\$5	\$0	\$0	\$5	\$0	\$0
Ingredient 1	\$12	\$0	\$0	\$0	\$0	\$0	\$0
Ingredient 2	\$6	\$0	\$0	\$0	\$0	\$0	\$0
Ingredient 3	\$35	\$0	\$0	\$0	\$0	\$0	\$0
Ingredient 4	\$25	\$0	\$0	\$0	\$0	\$0	\$0

*This amount represents the participant's out-of-pocket liability for copayment.